

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Medtronic Inc. PAC

ADDRESS (number and street) 950 F Street NW Suite 500

Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00311878

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [09] / [01] / [2016] through [09] / [30] / [2016]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ellis, Gary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Ellis, Gary, , ,

[Electronically Filed]

Date

[10] / [19] / [2016]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medtronic Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="156926.83"/>	<input type="text" value="156926.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="244431.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35998.74"/>	<input type="text" value="328003.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="280430.39"/>	<input type="text" value="484930.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="89000.00"/>	<input type="text" value="293500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="191430.39"/>	<input type="text" value="191430.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Medtronic Inc. PAC

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32047.40	186381.65
(ii) Unitemized	3951.34	73815.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35998.74	260196.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35998.74	260196.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	67806.76
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	35998.74	328003.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35998.74	328003.56

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	89000.00	293500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	89000.00	293500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89000.00	293500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35998.74	260196.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35998.74	260196.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Abraham, Cary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Technical Services Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994158
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Albert, Philip, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Corporate Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993891
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Allen, Ross, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Finance Spinal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987626
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Allen, Ross, A, Mr.,			Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993442		
Mailing Address 710 Medtronic Parkway NE			Amount of Each Receipt this Period 80.00		
City Minneapolis	State MN	Zip Code 55432	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) VP Finance Spinal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Amsbaugh, Pamela, A, ,			Date of Receipt MM / DD / YYYY 09 / 02 / 2016 Transaction ID : A2016-1987997		
Mailing Address 710 Medtronic Parkway NE			Amount of Each Receipt this Period 20.00		
City Minneapolis	State MN	Zip Code 55432	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Amsbaugh, Pamela, A, ,			Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993814		
Mailing Address 710 Medtronic Parkway NE			Amount of Each Receipt this Period 20.00		
City Minneapolis	State MN	Zip Code 55432	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Amsbaugh, Pamela, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994260
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Anderson, Brian, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Prog Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993967
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Anderson, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager Mntnc & Facilities
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987980
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Anderson, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager Mntnc & Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : A2016-1993797
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Anderson, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager Mntnc & Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : A2016-1994244
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Arnold, Amanda, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016
Transaction ID : A2016-1987793
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Arnold, Amanda, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993609
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Arnold, Amanda, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994060
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Ashton, Chad, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Quality Systems Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987780
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ashton, Chad, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Quality Systems Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993596

Amount of Each Receipt this Period
25.00

Memo Item

B. Ashton, Chad, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Quality Systems Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994047

Amount of Each Receipt this Period
25.00

Memo Item

C. Asmussen, Brian, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994265

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Audet, Sarah, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987632
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Audet, Sarah, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993448
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Audet, Sarah, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993900
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ayotte, Neil, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Deputy General Counsel CVG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987712

Amount of Each Receipt this Period
125.00

Memo Item

B. Ayotte, Neil, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Deputy General Counsel CVG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993528

Amount of Each Receipt this Period
125.00

Memo Item

C. Ayotte, Neil, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Deputy General Counsel CVG
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993979

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Bakeberg, Robbie, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Technical Svc Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994145
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Barry, Christine, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994067
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Bartlett, Douglas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP MARKETING PATIENT MNTRNG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987960
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 58.46
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Bartlett, Douglas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP MARKETING PATIENT MNTRNG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993777
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Bartlett, Douglas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP MARKETING PATIENT MNTRNG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994224
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Battaglia, Jessica, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Govt Affairs Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987767
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	126.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Battaglia, Jessica, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993583

Amount of Each Receipt this Period
50.00

Memo Item

B. Battaglia, Jessica, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994034

Amount of Each Receipt this Period
50.00

Memo Item

C. Bauman, Mary, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Patent Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987840

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Bauman, Mary, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Patent Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993658

Amount of Each Receipt this Period
25.00

Memo Item

B. Bauman, Mary, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Patent Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994107

Amount of Each Receipt this Period
25.00

Memo Item

C. Becker, Geoffrey, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987993

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Becker, Geoffrey, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : A2016-1993810

Amount of Each Receipt this Period
75.00

Memo Item

B. Becker, Geoffrey, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : A2016-1994256

Amount of Each Receipt this Period
75.00

Memo Item

C. Benson, Kristyn, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : A2016-1987990

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Benson, Kristyn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993807
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Benson, Kristyn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994253
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Berry, Jonathan, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP HR Spinal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987631
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Berry, Jonathan, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP HR Spinal
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993447

Amount of Each Receipt this Period
30.00

Memo Item

B. Berry, Jonathan, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP HR Spinal
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993899

Amount of Each Receipt this Period
30.00

Memo Item

C. Berry, Timothy, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Physician Relations Consultant
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987674

Amount of Each Receipt this Period
12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	72.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Berry, Timothy, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Physician Relations Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993490

Amount of Each Receipt this Period
12.00

Memo Item

B. Berry, Timothy, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Physician Relations Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993942

Amount of Each Receipt this Period
12.00

Memo Item

C. Blackwell, Stanley, D, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Talent Acquisition Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987785

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Blackwell, Stanley, D, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Talent Acquisition Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993601

Amount of Each Receipt this Period
25.00

Memo Item

B. Blackwell, Stanley, D, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Talent Acquisition Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994052

Amount of Each Receipt this Period
25.00

Memo Item

C. Blackwell, Walter, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Manufacturing Engineer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994002

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Blanchard, Frank, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Manager SHD
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987701

Amount of Each Receipt this Period
13.00

Memo Item

B. Blanchard, Frank, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Manager SHD
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993517

Amount of Each Receipt this Period
13.00

Memo Item

C. Blanchard, Frank, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Manager SHD
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993969

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Blanchette, Christine, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Phased RF AF Solutions
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994164

Amount of Each Receipt this Period
10.00

Memo Item

B. Blazejewski, Stephen, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP & GENERAL MANAGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987965

Amount of Each Receipt this Period
192.30

Memo Item

C. Blazejewski, Stephen, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP & GENERAL MANAGER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993782

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	394.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Blazjewski, Stephen, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP & GENERAL MANAGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994229

Amount of Each Receipt this Period
192.30

Memo Item

B. Bolen, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Strategist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987913

Amount of Each Receipt this Period
40.00

Memo Item

C. Bolen, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Strategist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993731

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	272.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Bolen, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Govt Affairs Strategist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994179

Amount of Each Receipt this Period
40.00

Memo Item

B. Bombeck, Charles, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Product Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987848

Amount of Each Receipt this Period
25.00

Memo Item

C. Bombeck, Charles, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Product Consultant
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993666

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bombeck, Charles, T, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1994115
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Product Consultant		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bordonaro, Mike, , Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1994030
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Occupation (for Individual) Sr Prin Manufacturing Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brewer, Julie, M, Ms.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1987803
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Occupation (for Individual) VP Strategic Accounts CVG		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="760.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Brewer, Julie, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Strategic Accounts CVG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993619

Amount of Each Receipt this Period
40.00

Memo Item

B. Brewer, Julie, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Strategic Accounts CVG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994070

Amount of Each Receipt this Period
40.00

Memo Item

C. Brown, Patrick, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Area Sales CVG
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2714.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987875

Amount of Each Receipt this Period
142.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.86
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Brown, Patrick, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Area Sales CVG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2857.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993694

Amount of Each Receipt this Period
142.86

Memo Item

B. Brown, Patrick, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Area Sales CVG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994142

Amount of Each Receipt this Period
142.86

Memo Item

C. Buendorf, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Manufacturing Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993997

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Burnes, John, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987890

Amount of Each Receipt this Period
14.00

Memo Item

B. Burnes, John, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993708

Amount of Each Receipt this Period
14.00

Memo Item

C. Burnes, John, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994156

Amount of Each Receipt this Period
14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Burrows, Jeffrey, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987614
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Burrows, Jeffrey, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993430
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Burrows, Jeffrey, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993883
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Callahan, Kevin, M, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1987649
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) Sr Clinical Research Mgr USA		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.37"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Callahan, Kevin, M, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1993465
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) Sr Clinical Research Mgr USA		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="384.60"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Callahan, Kevin, M, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1993917
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) Sr Clinical Research Mgr USA		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="403.83"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Carey, Sheila, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Treasury Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016

Transaction ID : A2016-1987928

Amount of Each Receipt this Period
40.00

Memo Item

B. Carey, Sheila, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Treasury Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016

Transaction ID : A2016-1993746

Amount of Each Receipt this Period
40.00

Memo Item

C. Carey, Sheila, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Treasury Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : A2016-1994193

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Carls, Thomas, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Product Development Spinal
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993880

Amount of Each Receipt this Period

80.00

 Memo Item

B. Carson, Robert, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Marketing Complex Spine
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987779

Amount of Each Receipt this Period

80.00

 Memo Item

C. Carson, Robert, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Marketing Complex Spine
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993595

Amount of Each Receipt this Period

80.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Carson, Robert, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Marketing Complex Spine
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994046

Amount of Each Receipt this Period
80.00

Memo Item

B. Carter, Barney, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987726

Amount of Each Receipt this Period
25.00

Memo Item

C. Carter, Barney, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993542

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Carter, Barney, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993993

Amount of Each Receipt this Period
25.00

Memo Item

B. Centoni, Mary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Tax Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987602

Amount of Each Receipt this Period
25.00

Memo Item

C. Centoni, Mary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Tax Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993418

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Centoni, Mary, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Tax Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993871

Amount of Each Receipt this Period
25.00

Memo Item

B. Chastain, Carey, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) District Sales Mgr II CRDM
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987654

Amount of Each Receipt this Period
15.00

Memo Item

C. Chastain, Carey, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) District Sales Mgr II CRDM
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993470

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Chastain, Carey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) District Sales Mgr II CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993922
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Chaussee, Jeffrey, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Supply Chain Prog Mgr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987859
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Chaussee, Jeffrey, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Supply Chain Prog Mgr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993677
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Chaussee, Jeffrey, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Supply Chain Prog Mgr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994126
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Chelgren, Brent, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987618
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Chelgren, Brent, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993434
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Chelgren, Brent, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993887
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Chin, Edward, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Regulatory Affairs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987629
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Chin, Edward, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Regulatory Affairs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993445
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chin, Edward, S, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1993897
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Sr Regulatory Affairs Dir		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chirico, Anthony, , ,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1987988
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Occupation (for Individual) SR DIRECTOR STATE TAX COMPLIA		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chirico, Anthony, , ,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1993805
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Occupation (for Individual) SR DIRECTOR STATE TAX COMPLIA		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Chirico, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SR DIRECTOR STATE TAX COMPLIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994252
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Christenson, Steven, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987640
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Christenson, Steven, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993456
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Christenson, Steven, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993908
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Christopher, Mary, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr LDRP Mktg/BD/Crp Dv Assoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994194
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Clark, Doron, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988003
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 37.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Clark, Doron, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993820
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Clark, Doron, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994266
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Clark, Jeffrey, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Clinical Research Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987775
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	103.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Clark, Jeffrey, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Clinical Research Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993591

Amount of Each Receipt this Period
75.00

Memo Item

B. Clark, Jeffrey, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Clinical Research Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994042

Amount of Each Receipt this Period
75.00

Memo Item

C. Clark, Robert, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Corporate Communications
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987600

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Clark, Robert, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Corporate Communications
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993416

Amount of Each Receipt this Period
100.00

Memo Item

B. Clark, Robert, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Corporate Communications
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993869

Amount of Each Receipt this Period
100.00

Memo Item

C. Claypoole, Robert, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1988046

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Claypoole, Robert, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993864
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Claypoole, Robert, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994308
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Clyde, Alexandra, T, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Gbl HealthPol-Reimb-HCEcon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 678.49

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987795
 Amount of Each Receipt this Period 35.71
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.71
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Clyde, Alexandra, T, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Gbl HealthPol-Reimb-HCEcon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.20

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993611
 Amount of Each Receipt this Period 35.71
 Memo Item

B. Clyde, Alexandra, T, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Gbl HealthPol-Reimb-HCEcon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.91

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994062
 Amount of Each Receipt this Period 35.71
 Memo Item

C. Clyne, Jason, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Tech Field Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994092
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.42
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Copel, Marguerite, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987984
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Copel, Marguerite, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993801
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Copel, Marguerite, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994248
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Coyle, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) EVP Cardiac and Vascular Grp
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987930

Amount of Each Receipt this Period
192.00

Memo Item

B. Coyle, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) EVP Cardiac and Vascular Grp
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993748

Amount of Each Receipt this Period
192.00

Memo Item

C. Coyle, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) EVP Cardiac and Vascular Grp
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994195

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Crook, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988021
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Crook, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993838
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Crook, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994284
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Crouch, Jeffery, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Field Clinical Rsrch Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994099
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Dagoberg, Pamela Mari, O, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993985
 Amount of Each Receipt this Period 10.00
 Memo Item

C. De La Concha, Gerardo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Operations Mexico
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987615
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. De La Concha, Gerardo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Operations Mexico
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993431
 Amount of Each Receipt this Period 15.00
 Memo Item

B. De La Concha, Gerardo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Operations Mexico
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993884
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Deleeuw, Douglas, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) HROC Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987634
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Deleeuw, Douglas, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) HROC Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993450

Amount of Each Receipt this Period
15.00

Memo Item

B. Deleeuw, Douglas, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) HROC Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993902

Amount of Each Receipt this Period
15.00

Memo Item

C. Delgado, Whitney, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Clinical Specialist CRDM
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987920

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Delgado, Whitney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Clinical Specialist CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : A2016-1993738
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Delgado, Whitney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Clinical Specialist CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : A2016-1994185
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Dembski-Brandl, Toni, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : A2016-1987956
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Dembski-Brandl, Toni, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993773
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Dembski-Brandl, Toni, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994220
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Dennis, Charles, L, Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Open Innovation - IP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2565.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987612
 Amount of Each Receipt this Period 135.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Dennis, Charles, L, Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Open Innovation - IP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993428
 Amount of Each Receipt this Period 135.00
 Memo Item

B. Dennis, Charles, L, Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Open Innovation - IP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2835.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993881
 Amount of Each Receipt this Period 135.00
 Memo Item

C. Dietzler, Kristin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987958
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Dietzler, Kristin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993775
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Dietzler, Kristin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994222
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Diohep, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987962
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Diohep, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993779
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Diohep, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994226
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Drager, Craig, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP R/D and ProjMgmt Surg Tech
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1710.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987609
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	128.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Drager, Craig, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP R/D and ProjMgmt Surg Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993425
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Drager, Craig, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP R/D and ProjMgmt Surg Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993878
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Durkin, John, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Sales Rep CRDM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987823
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	205.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Durkin, John, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993641

Amount of Each Receipt this Period
25.00

Memo Item

B. Durkin, John, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994090

Amount of Each Receipt this Period
25.00

Memo Item

C. Elamin, Fadwa, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987843

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Elamin, Fadwa, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993661
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Elamin, Fadwa, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994110
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Elder, Scot, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Legal Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987885
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Elder, Scot, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Legal Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993703

Amount of Each Receipt this Period
25.00

Memo Item

B. Elder, Scot, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Legal Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994151

Amount of Each Receipt this Period
25.00

Memo Item

C. Ellis, Gary, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and Chief Financial Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987627

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ellis, Gary, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and Chief Financial Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993443

Amount of Each Receipt this Period
192.00

Memo Item

B. Ellis, Gary, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and Chief Financial Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993895

Amount of Each Receipt this Period
192.00

Memo Item

C. Emms, Thomas, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Regional Sales Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987737

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Emms, Thomas, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993553
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Emms, Thomas, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994004
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Englehardt, Gregory, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Regional Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987912
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Englehardt, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Regional Sales Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993730

Amount of Each Receipt this Period
25.00

Memo Item

B. Englehardt, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Regional Sales Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994178

Amount of Each Receipt this Period
25.00

Memo Item

C. Ericksen, James, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Firmware Engineer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993923

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Esparza-Coss, Emilio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988006
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Esparza-Coss, Emilio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993823
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Esparza-Coss, Emilio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994269
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Evans, Christopher, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988048
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Evans, Christopher, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993866
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Evans, Christopher, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994310
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Fairchild, Kenneth, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Rewards
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987608

Amount of Each Receipt this Period
135.00

Memo Item

B. Fairchild, Kenneth, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Rewards
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993424

Amount of Each Receipt this Period
135.00

Memo Item

C. Fairchild, Kenneth, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Rewards
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2835.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993877

Amount of Each Receipt this Period
135.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Farkas, Jeffrey, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP US Federal Reimbursement
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1463.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987606

Amount of Each Receipt this Period
77.00

Memo Item

B. Farkas, Jeffrey, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP US Federal Reimbursement
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993422

Amount of Each Receipt this Period
77.00

Memo Item

C. Farkas, Jeffrey, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP US Federal Reimbursement
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1617.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993875

Amount of Each Receipt this Period
77.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	231.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Feipel, Jason, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Quality Systems Spec
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994189

Amount of Each Receipt this Period
10.00

Memo Item

B. Fellows, Kay, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Regional Sales Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987814

Amount of Each Receipt this Period
25.00

Memo Item

C. Fellows, Kay, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Regional Sales Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993632

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Fellows, Kay, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994081
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Felton, Brian, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP and Chief Counsel Neuro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987846
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Felton, Brian, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP and Chief Counsel Neuro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993664
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	265.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Felton, Brian, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP and Chief Counsel Neuro
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994113

Amount of Each Receipt this Period
120.00

Memo Item

B. Fenner, Andreas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Product Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993944

Amount of Each Receipt this Period
10.00

Memo Item

C. Finseth, Myron, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 Coral Sea St NE

City Mounds View	State MN	Zip Code 55112-4391
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Technical Writer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994171

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Fitzgerald, Christine, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Program/Proj Analyst
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987883

Amount of Each Receipt this Period
20.00

Memo Item

B. Fitzgerald, Christine, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Program/Proj Analyst
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993701

Amount of Each Receipt this Period
20.00

Memo Item

C. Fitzgerald, Christine, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Program/Proj Analyst
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994149

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Flanagan, William, O, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994119

Amount of Each Receipt this Period
10.00

Memo Item

B. Flores, Orlando, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Legal Counsel IV
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987842

Amount of Each Receipt this Period
15.00

Memo Item

C. Flores, Orlando, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Legal Counsel IV
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993660

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Flores, Orlando, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Legal Counsel IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994109
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Foster, Suzanne, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM Advanced Energy ST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987934
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Foust, John, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Interventional Sale Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987869
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Foust, John, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Interventional Sale Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993687

Amount of Each Receipt this Period
50.00

Memo Item

B. Foust, John, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Interventional Sale Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994136

Amount of Each Receipt this Period
50.00

Memo Item

C. Fowler, Colleen, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987830

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Fowler, Colleen, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993648

Amount of Each Receipt this Period
125.00

Memo Item

B. Fowler, Colleen, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994097

Amount of Each Receipt this Period
125.00

Memo Item

C. Franson, Paul, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) IT Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993919

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Frenkel, Ellen, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Sales DBS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987709

Amount of Each Receipt this Period
25.00

Memo Item

B. Frenkel, Ellen, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Sales DBS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993525

Amount of Each Receipt this Period
25.00

Memo Item

C. Frenkel, Ellen, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Sales DBS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993976

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Fuher, Patricia, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Product Devel AF Solutions
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987636

Amount of Each Receipt this Period
13.00

Memo Item

B. Fuher, Patricia, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Product Devel AF Solutions
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993452

Amount of Each Receipt this Period
13.00

Memo Item

C. Fuher, Patricia, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Product Devel AF Solutions
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993904

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Gabler, Robert, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Strategic Planning Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987896

Amount of Each Receipt this Period
13.00

Memo Item

B. Gabler, Robert, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Strategic Planning Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993714

Amount of Each Receipt this Period
13.00

Memo Item

C. Gabler, Robert, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Strategic Planning Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994162

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Gallagher, Kellie, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Quality Systems Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993929

Amount of Each Receipt this Period

80.00

 Memo Item

B. Gamgort, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP National SalesCRDM AF
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987617

Amount of Each Receipt this Period

80.00

 Memo Item

C. Gamgort, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP National SalesCRDM AF
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993433

Amount of Each Receipt this Period

80.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Gamgort, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP National SalesCRDM AF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993886
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Gardiner, Whitney, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) MANAGER GOVT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.71

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987978
 Amount of Each Receipt this Period 38.87
 Memo Item

C. Gardiner, Whitney, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) MANAGER GOVT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 683.58

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993795
 Amount of Each Receipt this Period 38.87
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	157.74
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Gardiner, Whitney, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) MANAGER GOVT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.45

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994242
 Amount of Each Receipt this Period 38.87
 Memo Item

B. Garey, Roland, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987813
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garey, Roland, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993630
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.87
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Garey, Roland, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994080
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Garland, Christopher, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Communications/PR CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987794
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garland, Christopher, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Communications/PR CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993610
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Garland, Christopher, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Communications/PR CVG
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994061

Amount of Each Receipt this Period
50.00

Memo Item

B. Garza, Rosa, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Govt Affairs Spec
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987745

Amount of Each Receipt this Period
30.00

Memo Item

C. Garza, Rosa, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Govt Affairs Spec
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993561

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Garza, Rosa, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Govt Affairs Spec
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994012

Amount of Each Receipt this Period
30.00

Memo Item

B. Genau, Michael, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President U.S. Region
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987923

Amount of Each Receipt this Period
192.00

Memo Item

C. Genau, Michael, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President U.S. Region
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993741

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	414.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Genau, Michael, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SVP and President U.S. Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994188
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Gerber, Martin, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994157
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Germanson, John, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Prog Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993894
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Goodheart, Nina, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP RDN Gbl Strat-Therapy Dev
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987863

Amount of Each Receipt this Period
18.00

Memo Item

B. Goodheart, Nina, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP RDN Gbl Strat-Therapy Dev
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993681

Amount of Each Receipt this Period
18.00

Memo Item

C. Goodheart, Nina, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP RDN Gbl Strat-Therapy Dev
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994130

Amount of Each Receipt this Period
18.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Green, Eileen, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) CONTROLLER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987964

Amount of Each Receipt this Period
19.23

Memo Item

B. Green, Eileen, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) CONTROLLER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993781

Amount of Each Receipt this Period
19.23

Memo Item

C. Green, Eileen, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) CONTROLLER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994228

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Greenfield, Daniel, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Finance Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993962

Amount of Each Receipt this Period
10.00

Memo Item

B. Gurney, Kristi, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994281

Amount of Each Receipt this Period
10.00

Memo Item

C. Guzzetta, Rita, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Engineering Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987877

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hadland, Christian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Quality CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987604
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hadland, Christian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Quality CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993420
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hadland, Christian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Quality CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993873
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hafez, Adam, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) District Sales Mgr CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994100

Amount of Each Receipt this Period
10.00

Memo Item

B. Hagen, Kathleen, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Engineering Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994183

Amount of Each Receipt this Period
10.00

Memo Item

C. Hagenson, Michael, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Govt Affairs Spec
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994108

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hakami, Hooman, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988013
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Hakami, Hooman, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993830
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Hakami, Hooman, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994276
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hammargren, John, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987620

Amount of Each Receipt this Period
13.00

Memo Item

B. Hammargren, John, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993436

Amount of Each Receipt this Period
13.00

Memo Item

C. Hammargren, John, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Dir
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993889

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hanson, Bryan, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IT Technologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987878

Amount of Each Receipt this Period
192.31

Memo Item

B. Hanson, Bryan, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IT Technologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993696

Amount of Each Receipt this Period
192.31

Memo Item

C. Hanson, Bryan, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IT Technologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994144

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hanson, John, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Strategic Sourcing Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987646

Amount of Each Receipt this Period
12.00

Memo Item

B. Hanson, John, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Strategic Sourcing Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993462

Amount of Each Receipt this Period
12.00

Memo Item

C. Hanson, John, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Strategic Sourcing Dir
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993914

Amount of Each Receipt this Period
12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Harkin, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Director of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1341.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987976
 Amount of Each Receipt this Period 74.50
 Memo Item

B. Harkin, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Director of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1415.50

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993793
 Amount of Each Receipt this Period 74.50
 Memo Item

C. Harkin, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Director of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1490.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994240
 Amount of Each Receipt this Period 74.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	223.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Harris, David, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Coronary District Mgr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987755

Amount of Each Receipt this Period
20.00

Memo Item

B. Harris, David, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Coronary District Mgr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993571

Amount of Each Receipt this Period
20.00

Memo Item

C. Harris, David, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Coronary District Mgr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994022

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Heird, Edna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988004
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Heird, Edna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993821
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Heird, Edna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994267
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Henke, Tom, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988031
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Henke, Tom, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993849
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Henke, Tom, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994293
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hess, Michael, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Research/Dev Brady
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987889
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hess, Michael, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Research/Dev Brady
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993707
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Hess, Michael, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Research/Dev Brady
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994155
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hilke, Deborah, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Litigation Counsel III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994059
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Hoekstra, Doug, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987619
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hoekstra, Doug, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993435
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hoekstra, Doug, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993888
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Holmes, William, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987812
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Holmes, William, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993628
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Holmes, William, B, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : A2016-1994079
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Horstman, Andrew, W, Mr.,		Date of Receipt MM / DD / YYYY 09 / 02 / 2016 Transaction ID : A2016-1987686
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 50.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Corp Intell Prop Litigation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Horstman, Andrew, W, Mr.,		Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993502
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 50.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Corp Intell Prop Litigation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Horstman, Andrew, W, Mr.,			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432	Transaction ID : A2016-1993954
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) VP Corp Intell Prop Litigation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hosea, Michael, D, Mr.,			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432	Transaction ID : A2016-1987734
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Regional Sales Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hosea, Michael, D, Mr.,			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432	Transaction ID : A2016-1993550
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Regional Sales Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 247
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Hosea, Michael, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Regional Sales Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994001

Amount of Each Receipt this Period
20.00

Memo Item

B. Houser, Ann, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr HR Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987644

Amount of Each Receipt this Period
80.00

Memo Item

C. Houser, Ann, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr HR Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993460

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Houser, Ann, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993912
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Huber, Jonathan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988038
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Huber, Jonathan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993856
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Huber, Jonathan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994300
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Humes, Joan, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Deputy GCounsel Litigation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987937
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Humes, Joan, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Deputy GCounsel Litigation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993754
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Humes, Joan, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Deputy GCounsel Litigation
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994201

Amount of Each Receipt this Period
80.00

Memo Item

B. Husnik, Gregory, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Prog Mgr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987858

Amount of Each Receipt this Period
25.00

Memo Item

C. Husnik, Gregory, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Prog Mgr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993676

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Husnik, Gregory, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Prog Mgr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994125

Amount of Each Receipt this Period
25.00

Memo Item

B. Iturriaga, Enrique, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1988032

Amount of Each Receipt this Period
50.00

Memo Item

C. Iturriaga, Enrique, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993850

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Iturriaga, Enrique, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994294
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Jansen, Peter, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP - ENVIRONMENTAL HEALTH SAF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987977
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Jansen, Peter, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP - ENVIRONMENTAL HEALTH SAFE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993794
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Jansen, Peter, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP - ENVIRONMENTAL HEALTH SAFI
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : A2016-1994241

Amount of Each Receipt this Period
20.00

Memo Item

B. Johnson, Darrell, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM Connected Care and Mktg
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : A2016-1987864

Amount of Each Receipt this Period
20.00

Memo Item

C. Johnson, Darrell, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM Connected Care and Mktg
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : A2016-1993682

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Johnson, Darrell, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM Connected Care and Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994131
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Johnson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987998
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Johnson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993815
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Johnson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994261
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Jones, Michelle, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Dir Global Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987983
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Jones, Michelle, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Dir Global Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993800
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Jones, Michelle, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Dir Global Marketing
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994247

Amount of Each Receipt this Period
25.00

Memo Item

B. Joyce, Patrick, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP IT Quality Reg Clinical
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987784

Amount of Each Receipt this Period
40.00

Memo Item

C. Joyce, Patrick, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP IT Quality Reg Clinical
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993600

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Joyce, Patrick, M, Mr.,

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP IT Quality Reg Clinical
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994051

Amount of Each Receipt this Period
40.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Kalman, Mikhail, , ,

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) System Analyst IV
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987966

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Kalman, Mikhail, , ,

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) System Analyst IV
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993783

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Kalman, Mikhail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) System Analyst IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994230
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kalter, Sandra, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Chief Counsel RegulatorySer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987786
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kalter, Sandra, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Chief Counsel RegulatorySer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993602
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Kalter, Sandra, C, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Chief Counsel RegulatorySer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994053
 Amount of Each Receipt this Period 50.00
 Memo Item

B. King, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Business/Dev/Strategy CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987616
 Amount of Each Receipt this Period 13.00
 Memo Item

C. King, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Business/Dev/Strategy CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993432
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. King, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Business/Dev/Strategy CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993885

Amount of Each Receipt this Period

20.00

 Memo Item

B. King, Denise, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) US Benefits Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987788

Amount of Each Receipt this Period

20.00

 Memo Item

C. King, Denise, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) US Benefits Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993604

Amount of Each Receipt this Period

20.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. King, Denise, K, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) US Benefits Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994055

Amount of Each Receipt this Period
20.00

Memo Item

B. King, Douglas, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1800 Pyramid PI Bldg C

City Memphis	State TN	Zip Code 38132-1703
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President Spinal
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987761

Amount of Each Receipt this Period
25.00

Memo Item

C. King, Douglas, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1800 Pyramid PI Bldg C

City Memphis	State TN	Zip Code 38132-1703
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President Spinal
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993577

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. King, Douglas, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Pyramid Pl
Bldg C

City Memphis State TN Zip Code 38132-1703

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SVP and President Spinal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994028

Amount of Each Receipt this Period 25.00

Memo Item

B. Knight, Heather, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Slaes of Med Supplies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 946.89

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987970

Amount of Each Receipt this Period 56.75

Memo Item

C. Knight, Heather, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis State MN Zip Code 55432

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Slaes of Med Supplies

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1003.64

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993787

Amount of Each Receipt this Period 56.75

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Knight, Heather, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Slaes of Med Supplies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.39

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994234
 Amount of Each Receipt this Period 56.75
 Memo Item

B. Kolb, Charles, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Commercial Operations SHD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987758
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Kolb, Charles, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Commercial Operations SHD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993574
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	133.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kolb, Charles, M, Mr.,			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432	Transaction ID : A2016-1994025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) VP Commercial Operations SHD	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="807.66"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kovtun, Jessa, L, Ms.,			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432	Transaction ID : A2016-1994084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Sales Representative II	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kramer, Angela, S, Ms.,			Date of Receipt
Mailing Address 710 Medtronic Parkway NE			<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432	Transaction ID : A2016-1987834
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Medtronic Inc.		Occupation (for Individual) Prin Sales Rep CRDM	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="950.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="98.46"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Kramer, Angela, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993652

Amount of Each Receipt this Period
50.00

Memo Item

B. Kramer, Angela, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994101

Amount of Each Receipt this Period
50.00

Memo Item

C. Kupka, Alan, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Compliance/Audit Spec
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987668

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Kupka, Alan, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Compliance/Audit Spec
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993484

Amount of Each Receipt this Period
50.00

Memo Item

B. Kupka, Alan, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Compliance/Audit Spec
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993936

Amount of Each Receipt this Period
50.00

Memo Item

C. Landon, Christopher, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Market Degenerative Spine
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987684

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Landon, Christopher, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Market Degenerative Spine
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993500

Amount of Each Receipt this Period
80.00

Memo Item

B. Landon, Christopher, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Market Degenerative Spine
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993952

Amount of Each Receipt this Period
80.00

Memo Item

C. Laske, Timothy, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Research AF Solutions
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987623

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	179.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Laske, Timothy, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Research AF Solutions
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993439

Amount of Each Receipt this Period
19.00

Memo Item

B. Laske, Timothy, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Research AF Solutions
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993892

Amount of Each Receipt this Period
19.00

Memo Item

C. Leith, Joanne, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) HR Consultant
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987886

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Leith, Joanne, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) HR Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993704

Amount of Each Receipt this Period
25.00

Memo Item

B. Leith, Joanne, H, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) HR Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994152

Amount of Each Receipt this Period
25.00

Memo Item

C. Lerman, Bradley, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1988000

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Lerman, Bradley, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993817
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Lerman, Bradley, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994263
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Levinson, Jenifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 987.44

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987986
 Amount of Each Receipt this Period 57.35
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	441.35
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Levinson, Jenifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1044.79

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993803
 Amount of Each Receipt this Period 57.35
 Memo Item

B. Levinson, Jenifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1102.14

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994250
 Amount of Each Receipt this Period 57.35
 Memo Item

C. Lomel, Charles, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Corporate Sales Dir MSB
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987711
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	127.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Lomel, Charles, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Corporate Sales Dir MSB
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993527

Amount of Each Receipt this Period
13.00

Memo Item

B. Lomel, Charles, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Corporate Sales Dir MSB
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993978

Amount of Each Receipt this Period
13.00

Memo Item

C. Lorbiecki, John, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Finance Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987671

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Lorbiecki, John, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993487
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Lorbiecki, John, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993939
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Loth, Christine, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Public Rel/Comm/Media Prog Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987717
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Loth, Christine, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Public Rel/Comm/Media Prog Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993533
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Loth, Christine, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Public Rel/Comm/Media Prog Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993984
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lubben, Gary, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Physician/Indust RelsCorp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987939
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Lubben, Gary, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Physician/Indust RelsCorp
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993756

Amount of Each Receipt this Period
40.00

Memo Item

B. Lubben, Gary, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Physician/Indust RelsCorp
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994203

Amount of Each Receipt this Period
40.00

Memo Item

C. Mann, Brek, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987809

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Mann, Brek, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **09 / 16 / 2016**
Transaction ID : A2016-1993625
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Mann, Brek, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3150.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : A2016-1994076
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Marczyk, Stanislaw, Z, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Principal Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 02 / 2016**
Transaction ID : A2016-1987968
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Marczyk, Stanislaw, Z, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Principal Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993785
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Marczyk, Stanislaw, Z, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Principal Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994232
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Martha, Geoffrey, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SVP Strategy and Business Plng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987915
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Martha, Geoffrey, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SVP Strategy and Business Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993733
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Martha, Geoffrey, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SVP Strategy and Business Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994181
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Martinez, Julie, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Sales Rep - InterStim
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994117
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	394.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Mastrototaro, John, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Research/Dev Diabetes
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987690

Amount of Each Receipt this Period
15.00

Memo Item

B. Mastrototaro, John, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Research/Dev Diabetes
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993506

Amount of Each Receipt this Period
15.00

Memo Item

C. Mastrototaro, John, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Research/Dev Diabetes
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993958

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mathias, Michael, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 02 / 2016 Transaction ID : A2016-1987826
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 25.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mathias, Michael, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993644
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 25.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mathias, Michael, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : A2016-1994093
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 25.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. May, Damian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987992

Amount of Each Receipt this Period
50.00

Memo Item

B. May, Damian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993809

Amount of Each Receipt this Period
50.00

Memo Item

C. May, Damian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994255

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. McDonald, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987747

Amount of Each Receipt this Period
20.00

Memo Item

B. McDonald, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993563

Amount of Each Receipt this Period
20.00

Memo Item

C. McDonald, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994014

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. McKernan, Francis, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993901
 Amount of Each Receipt this Period 10.00
 Memo Item

B. McKinney, Susan, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Sales Rep CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987835
 Amount of Each Receipt this Period 15.00
 Memo Item

C. McKinney, Susan, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Sales Rep CRDM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993653
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. McKinney, Susan, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994102

Amount of Each Receipt this Period
15.00

Memo Item

B. Meyers, Kevin, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sales Rep Spinal Products
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987916

Amount of Each Receipt this Period
13.98

Memo Item

C. Meyers, Kevin, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sales Rep Spinal Products
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
238.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993734

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Meyerson, Charles, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IC Design Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987728

Amount of Each Receipt this Period
13.00

Memo Item

B. Meyerson, Charles, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IC Design Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993544

Amount of Each Receipt this Period
13.00

Memo Item

C. Meyerson, Charles, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IC Design Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993995

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Michelson, Kimberly, S, Ms.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1987940
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Sr Clinical Research Dir		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Michelson, Kimberly, S, Ms.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1993757
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Sr Clinical Research Dir		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Michelson, Kimberly, S, Ms.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1994204
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Sr Clinical Research Dir		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Mihalcz, Michael, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) District Sales Mgr II CRDM
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993920

Amount of Each Receipt this Period
10.00

Memo Item

B. Miller, Artie, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP HR SHD
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994124

Amount of Each Receipt this Period
10.00

Memo Item

C. Miller, Michelle, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Chief Counsel Empl Law
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987697

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Miller, Michelle, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Chief Counsel Empl Law
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993513

Amount of Each Receipt this Period
80.00

Memo Item

B. Miller, Michelle, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Chief Counsel Empl Law
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993965

Amount of Each Receipt this Period
80.00

Memo Item

C. Mischka, Lindsey, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sales Representative I
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987921

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Mischka, Lindsey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sales Representative I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993739
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Mischka, Lindsey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sales Representative I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994186
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mitchiner, Michael, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) District Sales Mgr CRDM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994098
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Moelands, Daniel, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Regulatory Affairs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987882
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Moelands, Daniel, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Regulatory Affairs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993700
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Moelands, Daniel, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Regulatory Affairs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994148
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Monaghan, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM SBT SHD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987821
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Monaghan, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM SBT SHD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993639
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Monaghan, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM SBT SHD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994088
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Montecalvo, David, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Product Development SHD
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987702

Amount of Each Receipt this Period
19.00

Memo Item

B. Montecalvo, David, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Product Development SHD
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993518

Amount of Each Receipt this Period
19.00

Memo Item

C. Moore, Eric, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Engineering Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987806

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Moore, Eric, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Engineering Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993622

Amount of Each Receipt this Period
40.00

Memo Item

B. Moore, Eric, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Engineering Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994073

Amount of Each Receipt this Period
40.00

Memo Item

C. Moore, Jenna, G, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Sales Rep - DBS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994118

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Morrell, David, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Program/Project Analyst
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987884

Amount of Each Receipt this Period
25.00

Memo Item

B. Morrell, David, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Program/Project Analyst
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993702

Amount of Each Receipt this Period
25.00

Memo Item

C. Morrell, David, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Program/Project Analyst
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994150

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Morrison, Matthew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987642

Amount of Each Receipt this Period
13.00

Memo Item

B. Morrison, Matthew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993458

Amount of Each Receipt this Period
13.00

Memo Item

C. Morrison, Matthew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993910

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Morse, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Sales Rep SQDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987872

Amount of Each Receipt this Period
25.00

Memo Item

B. Morse, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Sales Rep SQDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993691

Amount of Each Receipt this Period
25.00

Memo Item

C. Morse, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Sales Rep SQDM
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994139

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Morton, Michael, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Quality/Reg Aff Prog Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016
Transaction ID : A2016-1987667

Amount of Each Receipt this Period
20.00

Memo Item

B. Morton, Michael, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Quality/Reg Aff Prog Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : A2016-1993483

Amount of Each Receipt this Period
20.00

Memo Item

C. Morton, Michael, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Quality/Reg Aff Prog Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : A2016-1993935

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Mudgett, John, T, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Marketing Prog Dir
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993971

Amount of Each Receipt this Period

43.90

 Memo Item

B. Murphy, Sharon, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SR DIRECTOR REGULATORY AFFAIR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987975

Amount of Each Receipt this Period

43.90

 Memo Item

C. Murphy, Sharon, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SR DIRECTOR REGULATORY AFFAIR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
798.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993792

Amount of Each Receipt this Period

43.90

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	97.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Murphy, Sharon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) SR DIRECTOR REGULATORY AFFAIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 842.42

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994239
 Amount of Each Receipt this Period 43.90
 Memo Item

B. Musto, Mark, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987714
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Musto, Mark, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993530
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Musto, Mark, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993981
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Nelson, Gary, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Risk Mgmt/Legal Admin Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987621
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Nelson, Gary, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Risk Mgmt/Legal Admin Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993437
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 162 OF 247
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Nelson, Gary, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Risk Mgmt/Legal Admin Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993890
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Nicoletta, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Global Ops - PMO MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987601
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Nicoletta, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Global Ops - PMO MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993417
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nicoletta, Michael, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 710 Medtronic Parkway NE		Transaction ID : A2016-1993870
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Ops - PMO MSB	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. O'Donnell, Mark, A, Mr.,		Date of Receipt MM / DD / YYYY 09 / 02 / 2016
Mailing Address 710 Medtronic Parkway NE		Transaction ID : A2016-1987942
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regulatory Aff Diabetes	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1710.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'Donnell, Mark, A, Mr.,		Date of Receipt MM / DD / YYYY 09 / 16 / 2016
Mailing Address 710 Medtronic Parkway NE		Transaction ID : A2016-1993759
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regulatory Aff Diabetes	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	218.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. O'Donnell, Mark, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regulatory Aff Diabetes
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1890.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994206

Amount of Each Receipt this Period
90.00

Memo Item

B. Oborny, Lewis, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Logistics Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994035

Amount of Each Receipt this Period
10.00

Memo Item

C. Overvig, Arlen, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Firmware Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
988.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987719

Amount of Each Receipt this Period
52.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	152.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Overvig, Arlen, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Firmware Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993535

Amount of Each Receipt this Period
52.00

Memo Item

B. Overvig, Arlen, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Firmware Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1092.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993986

Amount of Each Receipt this Period
52.00

Memo Item

C. Paul, Jacob, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Finance Surgical Tech
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
494.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987770

Amount of Each Receipt this Period
26.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Paul, Jacob, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Finance Surgical Tech
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993586

Amount of Each Receipt this Period
26.00

Memo Item

B. Paul, Jacob, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Finance Surgical Tech
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994037

Amount of Each Receipt this Period
26.00

Memo Item

C. Pendency, Luann, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Pkwy

City Minneapolis	State MN	Zip Code 55432-5603
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Quality
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987880

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Pendy, Luann, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Pkwy

City Minneapolis	State MN	Zip Code 55432-5603
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Quality
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993698

Amount of Each Receipt this Period
192.00

Memo Item

B. Pendy, Luann, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Pkwy

City Minneapolis	State MN	Zip Code 55432-5603
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Quality
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994146

Amount of Each Receipt this Period
192.00

Memo Item

C. Peterson, Gordon, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Marketing Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987683

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	399.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Peterson, Gordon, A, Mr.,		Date of Receipt MM / DD / YYYY 09 / 16 / 2016
Mailing Address 710 Medtronic Parkway NE		Transaction ID : A2016-1993499
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Marketing Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Peterson, Gordon, A, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 710 Medtronic Parkway NE		Transaction ID : A2016-1993951
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Marketing Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pfeifer, Neal, R, Mr.,		Date of Receipt MM / DD / YYYY 09 / 02 / 2016
Mailing Address 710 Medtronic Parkway NE		Transaction ID : A2016-1987624
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pfeifer, Neal, R, Mr.,		Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993440
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 20.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pfeifer, Neal, R, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : A2016-1993893
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 20.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pierson, James, R, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : A2016-1994017
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 10.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) IT Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Pisanelli, Kristina, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3072.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1988049

Amount of Each Receipt this Period
192.00

Memo Item

B. Pisanelli, Kristina, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993867

Amount of Each Receipt this Period
192.00

Memo Item

C. Pisanelli, Kristina, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994311

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Poley, David, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Marketing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987630

Amount of Each Receipt this Period
13.00

Memo Item

B. Poley, David, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Marketing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993446

Amount of Each Receipt this Period
13.00

Memo Item

C. Poley, David, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Marketing Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993898

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Pollock, John, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994278
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Presty, Dominic, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Manufacturing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987610
 Amount of Each Receipt this Period 88.00
 Memo Item

C. Presty, Dominic, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Manufacturing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1760.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993426
 Amount of Each Receipt this Period 88.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	186.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Presty, Dominic, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Manufacturing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1848.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993879
 Amount of Each Receipt this Period 88.00
 Memo Item

B. Qualls, Kendall, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988041
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Qualls, Kendall, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993859
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 174 OF 247
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Qualls, Kendall, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994303

Amount of Each Receipt this Period
100.00

Memo Item

B. Quandt, Larry, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987901

Amount of Each Receipt this Period
15.00

Memo Item

C. Quandt, Larry, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993719

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	130.00
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 OF 247
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Quandt, Larry, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994167

Amount of Each Receipt this Period
15.00

Memo Item

B. Rakestraw, Adam, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Interventional Sale Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994138

Amount of Each Receipt this Period
10.00

Memo Item

C. Reid, Jay, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Tech Field Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987907

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Reid, Jay, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Tech Field Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : A2016-1993725

Amount of Each Receipt this Period
25.00

Memo Item

B. Reid, Jay, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Tech Field Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : A2016-1994173

Amount of Each Receipt this Period
25.00

Memo Item

C. Reimann, Thomas, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Quality Systems Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : A2016-1993932

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Reitmeier, Amaza, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993982

Amount of Each Receipt this Period
10.00

Memo Item

B. Reitz-Bouren, Pamela, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Regional Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993977

Amount of Each Receipt this Period
10.00

Memo Item

C. Rich, Christina, F, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Ethics and Compliance CV
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987820

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Rich, Christina, F, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Ethics and Compliance CV
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993638

Amount of Each Receipt this Period
50.00

Memo Item

B. Rich, Christina, F, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Ethics and Compliance CV
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994087

Amount of Each Receipt this Period
50.00

Memo Item

C. Rissberger, Thomas, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987987

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 247
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Rissberger, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993804
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rissberger, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994251
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Roberts, David, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP CVG Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2565.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987922
 Amount of Each Receipt this Period 135.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Roberts, David, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP CVG Sales
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993740

Amount of Each Receipt this Period
135.00

Memo Item

B. Roberts, David, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP CVG Sales
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2835.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994187

Amount of Each Receipt this Period
135.00

Memo Item

C. Rodgers, Erin, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Public Rel/Comm Dir
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987881

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Rodgers, Erin, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Public Rel/Comm Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993699
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rodgers, Erin, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Public Rel/Comm Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994147
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Rothman, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Medical Affairs Coro/RDN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987944
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Rothman, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Medical Affairs Coro/RDN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993761
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rothman, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Medical Affairs Coro/RDN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994208
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Rottunda, Sara, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Program Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994015
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rustad, Dean, E, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1987899
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period
Occupation (for Individual) VP Finance CRDM		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="1520.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rustad, Dean, E, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1993717
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period
Occupation (for Individual) VP Finance CRDM		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="1600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rustad, Dean, E, Mr.,		Date of Receipt
Mailing Address 710 Medtronic Parkway NE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2016-1994165
Name of Employer (for Individual) Medtronic Inc.		Amount of Each Receipt this Period
Occupation (for Individual) VP Finance CRDM		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="1680.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Salmon, Sean, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP Coronary/RDN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987696

Amount of Each Receipt this Period
19.00

Memo Item

B. Salmon, Sean, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP Coronary/RDN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993512

Amount of Each Receipt this Period
19.00

Memo Item

C. Salmon, Sean, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP Coronary/RDN
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993964

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Sapiente, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Middletown Avenue
 City North Haven State CT Zip Code 06473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Covidien Holdings Inc. Occupation (for Individual) VP GLOBAL QUALITY ASSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987967
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sapiente, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Middletown Avenue
 City North Haven State CT Zip Code 06473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Covidien Holdings Inc. Occupation (for Individual) VP GLOBAL QUALITY ASSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993784
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sapiente, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Middletown Avenue
 City North Haven State CT Zip Code 06473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Covidien Holdings Inc. Occupation (for Individual) VP GLOBAL QUALITY ASSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994231
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Sater, Ghaleb, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987773

Amount of Each Receipt this Period
25.00

Memo Item

B. Sater, Ghaleb, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993589

Amount of Each Receipt this Period
25.00

Memo Item

C. Sater, Ghaleb, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Program Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994040

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Schaber, Daniel, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Clinical Research CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987893

Amount of Each Receipt this Period
135.00

Memo Item

B. Schaber, Daniel, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Clinical Research CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993711

Amount of Each Receipt this Period
135.00

Memo Item

C. Schaber, Daniel, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Clinical Research CRDM
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2835.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994159

Amount of Each Receipt this Period
135.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Scheffler, David, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 02 / 2016 Transaction ID : A2016-1987894
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 13.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scheffler, David, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993712
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 13.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Scheffler, David, J, Mr.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : A2016-1994160
Mailing Address 710 Medtronic Parkway NE		Amount of Each Receipt this Period 13.00
City Minneapolis	State MN	Zip Code 55432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 273.00	

SUBTOTAL of Receipts This Page (optional).....▶	39.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Scherer, Rachael, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP BusinessDev/Strategy Tachy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987613
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Scherer, Rachael, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP BusinessDev/Strategy Tachy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993429
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Scherer, Rachael, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP BusinessDev/Strategy Tachy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993882
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Schmidt, Theodore, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988030
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Schmidt, Theodore, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993848
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Schmidt, Theodore, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994292
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Schneeberger, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987982
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Schneeberger, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993799
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Schneeberger, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994246
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Schneider, Greg, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1988010

Amount of Each Receipt this Period
65.00

Memo Item

B. Schneider, Greg, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993827

Amount of Each Receipt this Period
65.00

Memo Item

C. Schneider, Greg, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994273

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Schwiebert, Jennifer, W, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.74

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987713
 Amount of Each Receipt this Period 13.46
 Memo Item

B. Schwiebert, Jennifer, W, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.20

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993529
 Amount of Each Receipt this Period 13.46
 Memo Item

C. Schwiebert, Jennifer, W, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.66

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993980
 Amount of Each Receipt this Period 13.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Schwister, Steven, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987867

Amount of Each Receipt this Period
15.00

Memo Item

B. Schwister, Steven, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993685

Amount of Each Receipt this Period
15.00

Memo Item

C. Schwister, Steven, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994134

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Semedo, Anthony, B, Mr.,			Date of Receipt MM / DD / YYYY 09 / 02 / 2016 Transaction ID : A2016-1987774
Mailing Address 3850 Brickway Blvd			Amount of Each Receipt this Period 100.00
City Santa Rosa	State CA	Zip Code 95403-8223	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President Endo/Periph		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Semedo, Anthony, B, Mr.,			Date of Receipt MM / DD / YYYY 09 / 16 / 2016 Transaction ID : A2016-1993590
Mailing Address 3850 Brickway Blvd			Amount of Each Receipt this Period 100.00
City Santa Rosa	State CA	Zip Code 95403-8223	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President Endo/Periph		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Semedo, Anthony, B, Mr.,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : A2016-1994041
Mailing Address 3850 Brickway Blvd			Amount of Each Receipt this Period 100.00
City Santa Rosa	State CA	Zip Code 95403-8223	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) SVP and President Endo/Periph		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Semmer, Karine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988016
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Semmer, Karine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 287.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993833
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Semmer, Karine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 292.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994279
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Shapiro, Jeffrey, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Dist Sales Mgr Interventional
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994137

Amount of Each Receipt this Period
10.00

Memo Item

B. Sheldon, Ann, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987732

Amount of Each Receipt this Period
25.00

Memo Item

C. Sheldon, Ann, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993548

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 198 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Sheldon, Ann, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Engineering Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993999

Amount of Each Receipt this Period
25.00

Memo Item

B. Sheth, Vipul, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Quality Coro/RDN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987607

Amount of Each Receipt this Period
50.00

Memo Item

C. Sheth, Vipul, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Global Quality Coro/RDN
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993423

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Sheth, Vipul, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Global Quality Coro/RDN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993876
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Shewchuk, Tara, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Ethics and Compliance MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994209
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Skeffington, Keyna, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/Deputy GCCorp - Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987787
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Skeffington, Keyna, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Deputy GCCorp - Security
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : A2016-1993603

Amount of Each Receipt this Period
100.00

Memo Item

B. Skeffington, Keyna, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/Deputy GCCorp - Security
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : A2016-1994054

Amount of Each Receipt this Period
100.00

Memo Item

C. Smeltzer, John, C, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin Sales Rep Endovascular
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : A2016-1994023

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Sneed, Monique, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr HR Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994210

Amount of Each Receipt this Period
10.00

Memo Item

B. Snyder, Kimberly, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin IT Bus Systems Analyst
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994174

Amount of Each Receipt this Period
10.00

Memo Item

C. Southwick, James, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP and Deputy Counsel Intl
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987790

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Southwick, James, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP and Deputy Counsel Intl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993606
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Southwick, James, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP and Deputy Counsel Intl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994057
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Steinborn, Philip, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2131.88

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987969
 Amount of Each Receipt this Period 123.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	323.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Steinborn, Philip, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2255.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993786

Amount of Each Receipt this Period
123.54

Memo Item

B. Steinborn, Philip, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2378.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994233

Amount of Each Receipt this Period
123.54

Memo Item

C. Steinhaus, David, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM CRDM Heart Failure
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987853

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	397.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Steinhaus, David, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM CRDM Heart Failure
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993671
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Steinhaus, David, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM CRDM Heart Failure
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3150.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994120
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Stennes, Matthew, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Litigation Counsel III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987947
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Stennes, Matthew, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE
City Minneapolis State MN Zip Code 55432
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Litigation Counsel III
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993764
Amount of Each Receipt this Period 15.00
 Memo Item

B. Stennes, Matthew, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE
City Minneapolis State MN Zip Code 55432
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Litigation Counsel III
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994211
Amount of Each Receipt this Period 15.00
 Memo Item

C. Stoltenberg, Laura, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Medtronic Parkway NE
City Minneapolis State MN Zip Code 55432
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988020
Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 206 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Stoltenberg, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993837
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Stoltenberg, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994283
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Subramaniam, Chandramohan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Operations MMC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987772
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Subramaniam, Chandramohan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Operations MMC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993588
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Subramaniam, Chandramohan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Operations MMC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994039
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Suttle, Virginia, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Supply Chain Planning Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987759
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Suttle, Virginia, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Supply Chain Planning Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993575
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Suttle, Virginia, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Supply Chain Planning Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994026
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Swafford, Markham, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993841
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Swanson, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994254
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Terry, Michael, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Prin IC Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987675
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Terry, Michael, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Prin IC Design Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993491
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Terry, Michael, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Prin IC Design Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993943

Amount of Each Receipt this Period
19.00

Memo Item

B. Thomas, Matthew, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Interventional Therapies
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987665

Amount of Each Receipt this Period
140.00

Memo Item

C. Thomas, Matthew, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Interventional Therapies
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993481

Amount of Each Receipt this Period
140.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	299.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Thomas, Matthew, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Interventional Therapies
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993933

Amount of Each Receipt this Period
140.00

Memo Item

B. Thomassy, Mark, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Corporate Sales Dir MSB
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987810

Amount of Each Receipt this Period
25.00

Memo Item

C. Thomassy, Mark, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Corporate Sales Dir MSB
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993626

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Thomassy, Mark, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Corporate Sales Dir MSB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994077
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tilleskjoer, Darrell, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Finance Diabetes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987628
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Tilleskjoer, Darrell, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Finance Diabetes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993444
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	51.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Tilleskjo, Darrell, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP Finance Diabetes
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993896

Amount of Each Receipt this Period

25.00

 Memo Item

B. Tillis, Alan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Medical Affairs Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987910

Amount of Each Receipt this Period

25.00

 Memo Item

C. Tillis, Alan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Medical Affairs Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993728

Amount of Each Receipt this Period

25.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Tillis, Alan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Medical Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994176
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tran, Don, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Prin R/D Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994043
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Tuch, Anita, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Global Operations SHD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994127
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 215 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Ueda, Kana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : A2016-1987995

Amount of Each Receipt this Period
50.00

Memo Item

B. Ueda, Kana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : A2016-1993812

Amount of Each Receipt this Period
50.00

Memo Item

C. Ueda, Kana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : A2016-1994258

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Urke, Brian, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM CRDM Brady
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987605
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Urke, Brian, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM CRDM Brady
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993421
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Urke, Brian, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP/GM CRDM Brady
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993874
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 247
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Vazquez, Pablo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994213
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Vilkhoo, Kamaljit, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Prin IT Technologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994086
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Vivanco, Carlos, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988008
 Amount of Each Receipt this Period 26.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Vivanco, Carlos, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993825
 Amount of Each Receipt this Period 26.00
 Memo Item

B. Vivanco, Carlos, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 539.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994271
 Amount of Each Receipt this Period 26.00
 Memo Item

C. Vogl, James, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales - Svc Ops CVG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987603
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 219 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Vogl, James, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales - Svc Ops CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993419
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Vogl, James, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP Sales - Svc Ops CVG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993872
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Volk, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Sales Rep CRDM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994214
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Walker, Cynthia, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP MedEd/Trng/MktRes/ProfRel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987837
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Walker, Cynthia, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP MedEd/Trng/MktRes/ProfRel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993655
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Walker, Cynthia, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) VP MedEd/Trng/MktRes/ProfRel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994104
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Walters, Larry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988019
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Walters, Larry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993836
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Walters, Larry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994282
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Walton, Brian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987673

Amount of Each Receipt this Period
12.00

Memo Item

B. Walton, Brian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993489

Amount of Each Receipt this Period
12.00

Memo Item

C. Walton, Brian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr District Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993941

Amount of Each Receipt this Period
12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 223 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Wasiluk, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1988043
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wasiluk, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993861
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Wasiluk, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994305
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Webb, Karen, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Sr Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1993983

Amount of Each Receipt this Period
10.00

Memo Item

B. Weidman, Jason, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM Coronary
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987765

Amount of Each Receipt this Period
50.00

Memo Item

C. Weidman, Jason, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM Coronary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993581

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Weidman, Jason, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) VP/GM Coronary
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994032

Amount of Each Receipt this Period
50.00

Memo Item

B. Weigel, Kyle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Field Service Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987808

Amount of Each Receipt this Period
15.00

Memo Item

C. Weigel, Kyle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Field Service Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : A2016-1993624

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Weigel, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Field Service Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994075
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Weiss, Lawrence, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2076.84

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987963
 Amount of Each Receipt this Period 115.38
 Memo Item

C. Weiss, Lawrence, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2192.22

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993780
 Amount of Each Receipt this Period 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 227 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Weiss, Lawrence, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994227
 Amount of Each Receipt this Period 115.38
 Memo Item

B. Wikstrom, Paul, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Engineering Prog Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987682
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Wikstrom, Paul, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Engineering Prog Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993498
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.38
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Wikstrom, Paul, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Engineering Prog Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993950
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Wilcox, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.82

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987981
 Amount of Each Receipt this Period 28.06
 Memo Item

C. Wilcox, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 524.88

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993798
 Amount of Each Receipt this Period 28.06
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	71.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Wilcox, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.94

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994245
 Amount of Each Receipt this Period 28.06
 Memo Item

B. Williams, Michael, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Sales Rep CRDM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987827
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Williams, Michael, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Prin Sales Rep CRDM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993645
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.06
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 230 OF 247
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Williams, Michael, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994094

Amount of Each Receipt this Period
15.00

Memo Item

B. Williams, Shawn, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Prin Sales Rep CRDM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : A2016-1994103

Amount of Each Receipt this Period
10.00

Memo Item

C. Wilson, Amy, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) HR Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : A2016-1987845

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Wilson, Amy, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993663
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wilson, Amy, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994112
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wilson, Scott, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sales Admin Consultant USA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1993911
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Wootten, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Clinical Research Mgr USA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-198777
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wootten, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Clinical Research Mgr USA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993593
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wootten, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Sr Clinical Research Mgr USA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994044
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 247
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Zemlok, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Principal Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.66

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1987979
 Amount of Each Receipt this Period 26.08
 Memo Item

B. Zemlok, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Principal Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.74

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1993796
 Amount of Each Receipt this Period 26.08
 Memo Item

C. Zemlok, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Medtronic Parkway NE
 City Minneapolis State MN Zip Code 55432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medtronic Inc. Occupation (for Individual) Principal Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.82

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1994243
 Amount of Each Receipt this Period 26.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	78.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 247
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ziebell, Anne, M, Ms.,

Mailing Address 710 Medtronic Parkway NE

City Minneapolis	State MN	Zip Code 55432
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medtronic Inc.	Occupation (for Individual) Program Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016

Transaction ID : A2016-1994056

Amount of Each Receipt this Period
10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	32047.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial) A. Getting Stuff Done PAC		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 220 I Street NE Suite 250		FEC Identification Number C C00571182 Transaction ID : B624579 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) B. Kyrsten Sinema for Congress		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address PO Box 25879		FEC Identification Number C C00508804 Transaction ID : B628363 Amount of Each Disbursement this Period 1500.00
City Tempe	State AZ	Zip Code 85285
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Sinema, Kyrsten, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 09		

Full Name (Last, First, Middle Initial) C. Lou Correa for Congress		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 220 Eye Street NE Suite 110		FEC Identification Number C C00578302 Transaction ID : B626442 Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Correa, Lou, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 46		

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Feinstein for Senate 2018

Full Name (Last, First, Middle Initial)
Mailing Address 220 I Street NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution
Candidate Name **Feinstein, Dianne, , ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District:

Date of Disbursement 09 / 16 / 2016

FEC Identification Number **C00539890**
Transaction ID : B626447
Amount of Each Disbursement this Period 1500.00

Memo Item

B. Dr. Raul Ruiz for Congress Cmte

Full Name (Last, First, Middle Initial)
Mailing Address 1229 Morse Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution
Candidate Name **Ruiz, Raul, , , MD**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement 09 / 16 / 2016

FEC Identification Number **C00502575**
Transaction ID : B626435
Amount of Each Disbursement this Period 2000.00

Memo Item

C. Sherman for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 423B New Jersey Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Sherman, Brad, , ,**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 30

Date of Disbursement 09 / 16 / 2016

FEC Identification Number **C00308742**
Transaction ID : B626449
Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial) A. Fearless PAC		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 233 Pennsylvania Avenue SE 2nd Flo		FEC Identification Number C00540955 Transaction ID : B626439
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) B. Blumenthal for Connecticut		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 777 Summer Street		FEC Identification Number C00492991 Transaction ID : B624575
City Stamford	State CT	Zip Code 06901
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Blumenthal, Richard, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CT District:		

Full Name (Last, First, Middle Initial) C. Friends of Rosa DeLauro		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 7240 Evans Mill Road		FEC Identification Number C00238865 Transaction ID : B626444
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name DeLauro, Rosa, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 03		

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial) A. Larson For Congress		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 413 New Jersey Avenue SE- Basement		FEC Identification Number C C00330142 Transaction ID : B626433
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Larson, John, B, ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Marco Rubio for US Senate		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 499 S. Capitol St. SW, Suite 420		FEC Identification Number C C00458844 Transaction ID : B624573
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rubio, Marco, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. John Lewis for Congress		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address P.O. Box 636		FEC Identification Number C C00202416 Transaction ID : B626436
City Annadale	State VA	Zip Code 22003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Lewis, John, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 05	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial) A. Evan Bayh Committee		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 220 I Street NE Suite 250		FEC Identification Number C C00306860 Transaction ID : B624572
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Bayh, B. Evan, , ,		Amount of Each Disbursement this Period 3000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Trey for Congress		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016
Mailing Address 499 South Capitol St. SW Suite 420		FEC Identification Number C C00590463 Transaction ID : B628364
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Hollingsworth, Trey, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 09	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Ameripac:The Fund for A Greater America		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 499 South Capitol St SW		FEC Identification Number C C00271338 Transaction ID : B624567
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Levin for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name
Levin, Sander, M, ,

Office Sought: House Senate President
State: MI District: 09

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C00156612
Transaction ID : B624565
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Upton for All of Us

Full Name (Last, First, Middle Initial)
Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

Candidate Name
Upton, Frederick, S, ,

Office Sought: House Senate President
State: MI District: 06

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C00200584
Transaction ID : B626451
Amount of Each Disbursement this Period: 4000.00

Memo Item

C. ICE PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1006 Pendleton St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Other (specify) ▼ Not Applicable

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C00484667
Transaction ID : B624574
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Al Franken for Senate

Full Name (Last, First, Middle Initial)
Mailing Address 220 I Street NE Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution
Candidate Name **Franken, Al, , ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MN District:

Date of Disbursement 09 / 02 / 2016

FEC Identification Number **C00570960**
Transaction ID : B624569
Amount of Each Disbursement this Period 3000.00

Memo Item

B. Ellison for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 4656 15th Street NW

City Washington State DC Zip Code 20011

Purpose of Disbursement Contribution
Candidate Name **Ellison, Keith, , ,**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MN District: 05

Date of Disbursement 09 / 16 / 2016

FEC Identification Number **C00422410**
Transaction ID : B626448
Amount of Each Disbursement this Period 3000.00

Memo Item

C. Emmer for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 412 S Capitol Street SE Suite B

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Emmer, Tom, , ,**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MN District: 06

Date of Disbursement 09 / 16 / 2016

FEC Identification Number **C00545749**
Transaction ID : B626437
Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full) Medtronic Inc. PAC

A. Rick Nolan for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6 E Street SE

Date of Disbursement: 09 / 16 / 2016

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

Category/Type: 011

FEC Identification Number: C00499053

Candidate Name Nolan, Richard, , ,

Transaction ID : B626440

Office Sought: Senate State: MN District: 08

Disbursement For: 2016 Primary General Other (specify)

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Friends of Roy Blunt

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 209 Pennsylvania Avenue SE

Date of Disbursement: 09 / 16 / 2016

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

Category/Type: 011

FEC Identification Number: C00304758

Candidate Name Blunt, Roy, , ,

Transaction ID : B626438

Office Sought: Senate State: MO District:

Disbursement For: 2016 Primary General Other (specify)

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Friends of Kelly Ayotte

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 499 S. Capitol St. SW Suite 420

Date of Disbursement: 09 / 02 / 2016

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

Category/Type: 011

FEC Identification Number: C00464297

Candidate Name Ayotte, Kelly, , ,

Transaction ID : B624576

Office Sought: Senate State: NH District:

Disbursement For: 2016 Primary General Other (specify)

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)

SUBTOTAL: 4500.00

TOTAL This Period (last page this line number only)

TOTAL: 4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Shore PAC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Not Applicable

State: District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C00410308
Transaction ID : B626445
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Tom Reed For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement Contribution
Candidate Name
Reed, Tom, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: NY District: 23

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C00464032
Transaction ID : B624571
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Crowley for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 410 1st StreetSE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name
Crowley, Joseph, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: NY District: 14

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C00338954
Transaction ID : B626450
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 217 3rd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Tiberi, Pat, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OH District: 12

Date of Disbursement

/ /

FEC Identification Number

C C00347492

Transaction ID : B624564

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Pat Toomey

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Toomey, Pat, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify)

State: PA District:

Date of Disbursement

/ /

FEC Identification Number

C C00461046

Transaction ID : B624566

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Rock City PAC

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

/ /

FEC Identification Number

C C00436410

Transaction ID : B626434

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. Marsha Blackburn for Congress Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 499 South Capitol Street SW Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Blackburn, Marsha, , ,**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: **C00376939**
Transaction ID : **B626443**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Brady for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution
Candidate Name **Brady, Kevin, P, ,**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 08

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: **C00311043**
Transaction ID : **B624577**
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial)
Mailing Address 412 S Capitol Street SE Suite B

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Granger, Kay, , ,**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 12

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: **C00310532**
Transaction ID : **B624568**
Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

Full Name (Last, First, Middle Initial)

A. Hurd for Congress

Mailing Address 526 6th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Hurd, William, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 23

Date of Disbursement

/ /

FEC Identification Number

C C00545467

Transaction ID : B626452

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Burgess, Michael C., , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

/ /

FEC Identification Number

C C00372532

Transaction ID : B628362

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
McMorris Rodgers, Cathy, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 05

Date of Disbursement

/ /

FEC Identification Number

C C00390476

Transaction ID : B624578

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Medtronic Inc. PAC

A. DelBene for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 499 South Capitol Street SW Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name **DelBene, Suzan, K, ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 01

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: **C** C00459099
Transaction ID : B626446

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Kind for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 233 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name **Kind, Ron, J, ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: **C** C00312017
Transaction ID : B624570

Amount of Each Disbursement this Period: 2000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00
89000.00